



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Kazunobu KUWAZAWA  
Serial No: 09/544,392  
Confirmation No: 8777  
Filed: April 6, 2000  
For: Semiconductor Device And Method For Manufacturing  
The Same

Art Unit: 2826  
Examiner: Wilson, Scott R.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

April 6, 2005

Date of Deposit

Juanita Soberanis

Name

*Juanita Soberanis* 04/06/2005

Signature

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Response To Restriction Requirement.  
☒ Return postcard.

The fee has been calculated as shown below:

IS TOO HAS BEEN CALCULATED AS SHOWN BELOW:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	50	-	50	**	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	6	-	6	***	0	LG=\$200 SM=\$100	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
TOTAL								\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: *Troy M. Schmelzer*

Troy M. Schmelzer  
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Attorney for Applicant(s)

Date: April 6, 2005

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Patent Application No. 09/544,392  
Attorney Docket No. 81754.0021

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April 6, 2005

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Juanita Soberanis

Name  
*Juanita Soberanis* 04/06/2005  
Signature Date

**RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated March 22, 2005 setting forth a restriction requirement, applicant elects for prosecution the invention of Group I, claims 1-34, drawn to a device. Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: April 6, 2005

By: *Troy M. Schmelzer*

Troy M. Schmelzer  
Registration No. 36,667  
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